## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000068557

Entity Name: TROPICAL HOME IMPROVEMENT LLC

FILED Dec 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1404 FLOMICH ST
HOLLY HILL, FL 32117

124 PINE STREET
EDGEWATER, FL 32141

Current Mailing Address: New Mailing Address:

1404 FLOMICH ST
HOLLY HILL, FL 32117

124 PINE STREET
EDGEWATER, FL 32141

FEI Number: 20-1616674 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KITCHEN, THEODORE

1404 FLOMICH ST
HOLLY HILL, FL 32117 US

KITCHEN, THEODORE
124 PINE STREET
EDGEWATER, FL 32117 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THEODORE L KITCHEN 12/05/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: KITCHEN, THEODORE Name: KITCHEN, THEODORE

Address: 1404 FLOMICH ST Address: 124 PINE STREET

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: EDGEWATER, FL 32141

Title: MBR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BLAIR, BENJAMIN
 Name:

 Address:
 1404 FLOMICH ST
 Address:

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THEODORE KITCHEN MGRM 12/05/2005